K091241

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**Trade Name** 

Masimo Rainbow SET® Rad 87 CO-Oximeter and Accessories

Common Name

Pulse Oximeter and Sensor

Regulation Number:

21 CFR 870.2700

Regulation Name:

Oximeter

Regulation Class:

Class II

**Product Code** 

DQA, BZQ, DPZ, JKS

Substantially Equivalent Devices Masimo Rainbow SET® Rad 87 Pulse CO-Oximeters and Accessories, 510(k)

Number - K080238

Oridion Capnography Inc., Capnostream 20 with Integrated

Pulmonary Index, 510(k) Number – K082268

Andromed Inc., Biological Sound Monitor (BSM) Sensor

510(k) Number - K021389

### **Description of the Device**

The Rainbow SET® Rad 87 Pulse CO-Oximeter and accessories (Rad 87) include the MX board with Masimo Rainbow SET technology.

The Rad 87 provides noninvasive monitoring of arterial oxygen saturation (%SpO<sub>2</sub>), pulse rate, carboxyhemoglobin saturation (%SpCO), methemoglobin saturation (%SpMet), total hemoglobin concentration (g/dl SpHb), and/or respiratory rate (RR). Other information displayed by the Rad 87 includes: Low Signal IQ (Low SIQ), Perfusion Index (PI), Pleth Variability Index (PVI), Total Arterial Oxygen Content (SpOC), Respiratory Signal Quality (RSQ), alarm status, alarm silence, battery life, sensor status, and trends. The Rad 87 has output interfaces include: Nurse Call analog output, and RS-232 serial output.

The Rad 87 in this filing are the same as the Rad-87 in the K080238 filing, but with the addition of respiratory rate monitoring.

## Intended Use/Indications for Use

The Masimo Rainbow SET® Rad 87 Pulse CO-Oximeter and accessories are indicated for the continuous noninvasive monitoring of functional oxygen saturation of arterial hemoglobin (SpO<sub>2</sub>), pulse rate, carboxyhemoglobin saturation (SpCO), methemoglobin saturation (SpMet), total hemoglobin concentration (SpHb), and/or respiratory rate (RR). The Masimo Rainbow SET® Rad 87 Pulse CO-

Oximeter and accessories are indicated for use with adult, pediatric, and neonatal patients during both no motion and motion conditions, and for patients who are well or poorly perfused in hospitals, hospital-type facilities, mobile, and home environments.

## Principles of Operation

### SpO2 and Pulse Rate

Pulse oximetry is governed by the principles that oxyhemoglobin (oxygenated blood), deoxyhemoglobin (non-oxygenated blood), carboxyhemoglobin (blood with carbon monoxide content), and methemoglobin (blood with oxidized hemoglobin content) species differ in their absorption of visible and infrared light. The amount of arterial blood in tissue changes with the pulse (photoplethysography). Therefore the amount of light, absorbed by the varying quantities of arterial blood, changes accordingly.

## SpCO, SpMet, and SpHb General Description

The Rad-87 include the Masimo Rainbow SET technology for SpCO, SpMet and SpHb measurements, based on the same principles of pulse oximetry. The Masimo Rainbow SET technology uses a multi-wavelength sensor to distinguish between oxygenated blood, deoxygenated blood, blood with carbon monoxide, blood with oxidized hemoglobin and blood plasma.

Once the Masimo Rainbow SET technology receives the signal from the sensor, it calculates the patient's functional oxygen saturation (SpO2), fractional concentration of carboxyhemoglobin (SpCO), fractional concentration of methemoglobin (SpMet), total hemoglobin concentration (SpHb) and pulse rate.

## Respiratory Rate General Description

The Masimo Rainbow SET technology also provides respiratory rate measurements, based on vibratory signals from respiratory sounds.

### **Method of Operation**

# SpO<sub>2</sub>, SpCO, SpMet, and SpHb

The instrument (Rad 87) is turned on. A sensor is attached to a patient's finger. The other end of the sensor is attached to a patient cable. The other end of the patient cable is connected to the Dual Channel cable or directly to the instrument. The connection of the patient cable to the Dual Channel cable is only needed when pulse CO-oximetry monitoring is concurrent with respiratory rate monitoring.

The instrument will begin continuously displaying the patient's pulse rate and SpO₂ value. Depending on the type and/or configuration of the instrument, monitoring information would also include SpCO, SpMet, SpHb, PVI, and/or SpOC. The practitioner can then use the information to help assess the condition of the patient and as an aide in determining if any intervention is required by the practitioner.

Once the practitioner determines the patient no longer requires monitoring, the cable is disconnected from the sensor, the sensor is removed (and disposed of if it is a single use device), and the power to the instrument is turned off.

## Respiratory Rate

The instrument (Rad 87) is turned on. A sensor is attached to a patient's neck. The other end of the sensor is connected to a patient cable. The other end of the cable is connected to the Dual Channel cable. The Dual Channel cable is then connected to the instrument.

The instrument will begin continuously display the patient's respiratory rate. The practitioner can then use the information to help assess the condition of the patient and as an aide in determining if any intervention is required by the practitioner. Once the practitioner determines the patient no longer requires monitoring, the patient cable is disconnected from the sensor, the sensor is disposed and the power to the instrument is turned off.

# **Specifications**

The specifications for the Rad 87 are the following:

The specifications for the Rad 87	
FEATURES	SPECIFICATIONS
Display Ranges	Associated the second of the s
	Oxygen Saturation (SpO <sub>2</sub> ): 0-100%
	Pulse Rate (beat per minute or bpm): 25-240 bpm
	Carboxyhemoglobin Saturation (SpCO): 0-99%
	Methemoglobin Saturation (SpMet): 0-99.9%
	Total Hemoglobin (SpHb): 0-25 g/dL
	Respiratory Rate (RR): 0-150 breaths per minute
	Total Oxygen Concentration (SpOC): 0-35 ml/dl
	Perfusion Index: 0.02-20%
	Pleth Variability Index: 0-100%
Accuracy	See Footnotes 1, 2, 3, 4, 5, 6, and 7
SpO <sub>2</sub> , No Motion	60-80 ± 3%, adults/pediatrics/infants
	70-100 <u>+</u> 2%, adults/pediatrics/infants; <u>+</u> 3%, neonates
SpO <sub>2</sub> , Motion	70-100 ± 3%, adults/pediatrics/infants/neonates
SpO <sub>2</sub> , Low Perfusion	70-100 ± 2%, adults/pediatrics/infants/neonates
Pulse Rate, No Motion	25-240 ± 3 bpm, adults/pediatrics/infants/neonates
Pulse Rate, Motion	25-240 ± 5 bpm, adults/pediatrics/infants/neonates
Pulse Rate, Low Perfusion	25-240 ± 3 bpm, adults/pediatrics/infants/neonates
SpCO	1-40 ± 3%, adults/pediatrics/infants
SpMet	1-15 ± 1%, adults/pediatrics/infants/neonates
SpHb	8-17 +1 g/dl (arterial or venous), adults/pediatrics/infants
RR	4-70 ± 1 breath per minute, adults (> 30kg)
General	The second secon
Resolution	SpO <sub>2</sub> : 1%
	Pulse Rate: 1 bpm
	SpCO: 1%
	SpMet: 0.1%
	SpHb: 0.1 g/dl
	RR: 1 breath per minute
Measurements	Low Signal IQ
	Perfusion Index (PI)
	Total Oxygen Concentration (SpOC)
	Pleth Variability Index (PVI)
	Respiratory Signal Quality (RSQ)
Electrical	
Power (AC)	Voltage Input Range: 100-240 VAC, 47-63 Hz
Batteries	Rechargeable
Circuitry	Microprocessor controlled
	Automatic self-test of pulse CO-oximeter when powered on
	Automatic setting of default parameters
	Automatic alarm messages
	Trend data output
Firmware	Rainbow SET technology, MX Board/Circuitry
Mechanical	
Material	Polycarbonate/ABS Blend

Dispraing Temperature	FEATURES	SPECIFICATIONS
Storage Temperature  40 to 158°F (-40 to 70°C)  Relative Storage Humidity  10 to 95% non-condensing  Pressure: 500-1,050 mbar  Altitude Pressure: 500-1,050 mbar  Altitude -1,000-18,000 ft (-304-5,486m)  Mode & Sensitivity  APOD, Normal, Maximum  Alarms  Folume Level Adjustment: Pulse/Tone   10°C, 10	Environmental	
Storage Temperature  40 to 158°F (-40 to 70°C)  Relative Storage Humidity  10 to 95% non-condensing  Pressure: 500-1,050 mbar  Altitude Pressure: 500-1,050 mbar  Altitude -1,000-18,000 ft (-304-5,486m)  Mode & Sensitivity  APOD, Normal, Maximum  Alarms  Folume Level Adjustment: Pulse/Tone   10°C, 10		
To to 55% non-condensing	Storage Temperature	
Pressure: 500-1,060 mbar Altitude: -1,000-18,000 ft (-304-5,486m)  Mode: & Sensitivity  Doc, averaging Mode 2, 4, 6, 8, 10, 12 and 16 seconds, FastSat  Boc, 2 sensitivity  APOD. Normal, Maximum  Alarms  Pollume Level Adjustment: Pulse/Tone  Alarm Sience  Dit of Limit Alarms: SpO <sub>2</sub> , Pulse Rate, High/low alarms  SpSCO, SpMet, SpHb, RR, PI, PVI  Sensor Condition Alarm  No Sensor; Sensor Off, Sensor Defect  System  System  System  System System failure  Battery Alarm  Low battery  Display and Indicators  Display  Pulse rate (bpm)  SpCO (%)  SpMet (%)  SpHb (g/dl)  SpHb (g/dl)  SpHb (g/dl)  SpHb (g/dl)  SpHb (g/dl)  SpHo (g/d		· · · · · · · · · · · · · · · · · · ·
Altitude: -1, 000-18, 000 ft (-304-5, 486m)  Mode & Sensitivity  SpO2, Averaging Mode  2, 4, 6, 8, 10, 12 and 16 seconds; FastSat APOD, Normal, Maximum  Alarms  Alarm	Operating Altitude	
Mode'& Sensitivity Sp02 Averaging Mode Sp02 Sensitivity APOD, Normal, Maximum Alarms Alarms Alarm Silence APOD, Normal, Maximum Alarm Silence APOD, Sensitivity APOD, Normal, Maximum Apod, Sensor Off, Sensor Defect Byc (%) Sensor Sensor Off, Sensor Defect Byc (%) Spribry (g/dl)		Altitude: -1,000-18,000 ft (-304-5,486m)
\$\text{SpO}_A \text{ Averaging Mode}  2, 4, 6, 8, 10, 12 and 16 seconds; FastSat \text{SpO}_2 Sensitivity APOD, Normal, Maximum APOD, Normal, Maximum 120 seconds delay; All mute: continuous silence \text{Dit of Limit Alarms: SpO}_2, Pulse Rate, High/low alarms spoO, SpMet, SpHb, RR, Pl, PVI \text{Sensor Condition Alarm No Sensor; Sensor Off; Sensor Defect System System Illure \text{Sustemy Alarm Low battery Display and Indicators} \text{SpO}_2 (%) \text{Pulse arate (bpm) SpCO}_2 (%) \text{SpHb (g/dl) SpHb (g/dl) SpHb (g/dl) SpHb (g/dl) SpHb (g/dl) SpHb (g/dl) SpHb (g/dl) Perfusion Index-PVI (%) Signal IQ Respiratory Signal Quality (RSQ) Sensitivity indicator Sensor status Sensor time Sensor status Sensor time Status Maximum status Battery status \text{Sensor time Sattery status} Sensor operatory Signal Quality (RSQ) Sensitivity indicator Sensor status Sensor time	Mode & Sensitivity	The state of the s
APOD, Normal, Maximum  Alarms  //olume Level Adjustment: Pulse/Tone  Alarm Silence  Dut of Limit Alarms: SpO <sub>2</sub> , Pulse Rate, Byblo, RR, Pl, PVI  Sensor Condition Alarm  No Sensor; Sensor Off; Sensor Defect  System  System System failure  Battery Alarm  Low battery  Display and Indicators  Display and Indicators  Display  SpO <sub>2</sub> (%)  Pulse rate (bpm)  SpCO (%)  SpHb (g/dl)  RR  SpOC(ml/dl)  Perfusion Index-PVI (%)  Pileth Variability Index-PVI (%)  Signal IQ  Respiratory Signal Quality (RSQ)  Sensitivity indicator  Sensor status Sensor time Status messages Alarm status Battery status  Output Interface  Analog output  Nurse Call  PC/printer connection  Philips Vuelink RadNet Patient Safety Net Trends  EMC Compliance  EMC Protection (AC Power)  Type of Protection (AC Power)  Class 1  Internally Powered  Internally		2, 4, 6, 8, 10, 12 and 16 seconds; FastSat
Alarms  //olume Level Adjustment: Pulse/Tone   OFF; 25% to 100% in 4 increments	SpO <sub>2</sub> Sensitivity	APOD, Normal, Maximum
Volume Level Adjustment: Pulse/Tone OFF; 25% to 100% in 4 increments Narm Silence Dut of Limit Alarms: SpO <sub>2</sub> , Pulse Rate, SpCO, SpMet, SpHb, RR, PI, PVI Sensor Condition Alarm System System failure Battery Alarm Low battery  Display and Indicators  Display and Indicators  Display and Indicators  Display and Indicators  Display indicators  Display indicators  Display indicators  SpO <sub>2</sub> (%) Pulse rate (bpm) SpCO (%) SpMet (%) SpHb (g/dl) SpHbv(g/dl) RR SpOC(ml/dl) Perfusion Index-PI (%) Pleth Variability Index-PVI (%) Signal IQ Respiratory Signal Quality (RSQ) Sensitivity indicator Sensor status Sensor time Status messages Alarm status Battery status  Analog output  Output Interface  Analog output  Serial Port PC/printer connection Philips Vuelink RadNet Pattent Safety Net Trends  EMC Compliance  EMC Com	Alarms	
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### **Footnotes**

- 1 SpO<sub>2</sub>, SpCO and SpMet accuracy was determined by testing on healthy adult volunteers in the range of 60-100% SpO<sub>2</sub>, 0-40% SpCO, and 0-15% SpMet against a laboratory CO-Oximeter. SpO<sub>2</sub> and SpMet accuracy was determined on 16 neonatal NICU patients ranging in age from 7-135 days old and weighing between 0.5-4.25 kg. Seventy-nine (79) data samples were collected over a range of 70-100% SaO<sub>2</sub> and 0.5-2.5% MetHb with a resultant accuracy of 2.9% SpO<sub>2</sub> and 0.9% SpMet.
- 2 The Masimo sensors have been validated for no motion accuracy in human blood studies on healthy adult male and female volunteers with light to dark skin pigmentation in induced hypoxia studies in the range of 70-100% SpO<sub>2</sub> against a laboratory CO-Oximeter and ECG monitor. This variation equals plus or minus one standard deviation. Plus or minus one standard deviation encompasses 68% of the population.
- The Masimo sensors have been validated for motion accuracy in human blood studies on healthy adult male and female volunteers with light to dark skin pigmentation in induced hypoxia studies while performing rubbing and tapping motions, at 2 to 4 Hz at an amplitude of 1 to 2 cm and a non-repetitive motion between 1 to 5 Hz at an amplitude of 2 to 3 cm in induced hypoxia studies in the range of 70-100% SpO<sub>2</sub> against a laboratory CO-oximeter and ECG monitor. This variation equals plus or minus one standard deviation which encompasses 68% of the population.
- The Masimo SET Technology has been validated for low perfusion accuracy in bench top testing against a Biotek Index 2 simulator and Masimo's simulator with signal strengths of greater than 0.02% and transmission of greater than 5% for saturations ranging from 70 to 100%. This variation equals plus or minus one standard deviation which encompasses 68% of the population:
- The Masimo sensors have been validated for pulse rate accuracy for the range of 25-240 bpm in bench top testing against a Biotek Index 2 simulator. This variation equals plus or minus one standard deviation which encompasses 68% of the population.
- 6 SpHb accuracy has been validated on healthy adult male and female volunteers and on surgical patients with light to dark skin pigmentation in the range of 8-17 g/dl SpHb against a laboratory CO-oximeter. This variation equals plus or minus one standard deviation which encompasses 68% of the population. The SpHb accuracy has not been validated with motion or low perfusion.
- 7 The following substances may interfere with pulse CO-oximetry measurements:
  - Elevated levels of Methemoglobin (MetHb) may lead to inaccurate SpO<sub>2</sub> and SpCO measurements
  - Elevated levels of Carboxyhemoglobin (COHb) may lead to inaccurate SpO<sub>2</sub> measurements.
  - Very low arterial Oxygen Saturation (SpO<sub>2</sub>) levels may cause inaccurate SpCO and SpMet measurements
  - Severe anemia may cause erroneous SpO<sub>2</sub> readings.
  - Dyes, or any substance containing dyes, that change usual blood pigmentation may cause erroneous readings.
  - Elevated levels of total bilirubin may lead to inaccurate SpO<sub>2</sub>, SpMet, SpCO and SpHb readings

# **Test Summary**

The Rad 87 comply with the voluntary standards as detailed in Section 9 of this submission. The following quality assurance measures were applied to the development of the Rad 87:

- Risk Analysis
- Design Reviews
- Biocompatibility Testing
- Performance Testing
- Safety Testing
- Environmental Testing
- Clinical Testing

## **Conclusions**

The information in this 510(k) submission demonstrates that the Rad 87 are substantially equivalent to the predicate devices, with respect to safety, effectiveness, and performance.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room W-066-0609 Silver Spring, MD 20993-0002

Ms. Marguerite Thomlinson Manager of Regulatory Affairs Masimo Corporation 40 Parker Irvine, California 92618 NOV - 6 2009

Re: K091241

Trade/Device Name: Masimo Rainbow SET Rad 87 Pulse CO-Oximeter and

Accessories

Regulation Number: 21 CFR 870.2700

Regulation Name: Oximeter

Regulatory Class: II

Product Code: DQA, BZQ,DPZ, JKS

Dated: October 29, 2009 Received: October 30, 2009

### Dear Ms. Thomlinson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to

http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="http://www.fda.gov/cdrh/mdr/">http://www.fda.gov/cdrh/mdr/</a> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours

Susan Runner, D.D.S., M.A.

Acting Division Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

# Section 4 - Indications for Use

Device Name: Masimo Rainbow SET Rad 87 Pulse CO-Oximeter and Accessories  Indications For Use:  The Masimo Rainbow SET® Rad 87 Pulse CO-Oximeter and accessories are indicated for the continuous noninvasive monitoring of functional oxygen saturation of arterial hemoglobin (SpO <sub>2</sub> ), pulse rate, carboxyhemoglobin saturation (SpCO), methemoglobin saturation (SpMet), total hemoglobin concentration (SpHb), and/or respiratory rate (RR). The Masimo Rainbow SET® Rad 87 Pulse CO-Oximeter and accessories are indicated for use with adult, pediatric, and neonatal patients during both no motion and motion conditions, and for patients who are well or poorly perfused in hospitals, hospital-type facilities, mobile, and home environments.	
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Prescription Use X AND/OR Over-The-Counter Use (Per 21 CFR 801 Subpart C)	
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)	
Concurrence of CDRH, Office of Device Evaluation (ODE)	
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K091241-Rad 87 w/ ARRM Masimo Response, 8/14/09 Page 7 of 180